

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



March 7, 1983

## ALL-COUNTY INFORMATION NOTICE I-32-83

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: BAKER V. PROD: IDENTIFICATION OF AFFECTED CASES IN AFDC

REFERENCE: ALL-COUNTY INFORMATION NOTICE I-21-83, ALL COUNTY LETTER 83-14

As you were informed in the above referenced letters, a preliminary injunction was issued February 9, 1983, in the case of Baker v. Prod. In this action, plaintiffs seek to make retroactive the decision reached in the case of Turner v. Woods, which stated that mandatory payroll deductions must be subtracted from gross income prior to allowance of disregards. The injunction requires counties to take immediate action and follow specific procedures in identifying affected applicants and recipients.

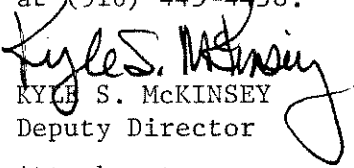
The injunction also requires counties to submit statements on the steps taken to comply and specific tallies on the number of persons identified as potential claimants. This letter transmits two forms for reporting these required statements and an optional form for county use in gathering information. The forms are described below.

ATTACHMENT I is to be used to submit information required by paragraph C, page 5 of the preliminary injunction. The completed form must be submitted to SDSS no later than March 14, 1983. Moreover, counties should include a copy of the CA-7 stuffer and posted notice used by the county.

ATTACHMENT II is to be used to submit information required by paragraph D, page 6 of the preliminary injunction. This form requires reporting tallies of potential claimants. Counties should take care to avoid counting applicants/recipients in more than one category. The completed form must be submitted to SDSS no later than May 23, 1983.

ATTACHMENT III is provided for county use only in tracking applicant and redetermination cases affected by the Baker v. Prod injunction. Use of this form is optional. It should not be sent to SDSS.

If you have any questions, please contact your AFDC Management Consultant at (916) 445-4458.

  
KYLE S. MCKINSEY  
Deputy Director

Attachments  
GEN 654a (9/79)

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- IV. Steps taken and/or proposed to inquire of AFDC recipients via the CA-7 process. (Paragraph 4, page 3):
- V. Steps taken and/or proposed to inquire of recipients of Food Stamps, Medi-Cal, and General Assistance as a part of their next review or recertification. (Paragraph 5, page 4):
- VI. Steps taken and/or proposed to post notices in public assistance offices. (Paragraph 6, page 4):

RETURN COMPLETED **BAKER v. PROD** RESPONSE FORM TO:

AFDC Program Operations Bureau  
State Department of Social Services  
744 P Street, M.S. 16-30  
Sacramento, CA 95814

Your Name (print)	Phone Number
Signature	
County	Date

**BAKER v. PROD**

## Response Form

This report must be completed and returned to SDSS on or before May 23, 1983. Indicate all steps taken to comply with items I through VI below.

Please refer to the indicated instruction paragraph and page number in the **Baker v. Prod** preliminary injunction transmitted with ACIN I-21-83, February 14, 1983, when completing this form. Attach additional sheets as necessary.

- I. Indicate the steps taken to retain case files. (Paragraph 1, page 2):
  
  
  
  
  
  
  
  
  
  
- II. Indicate the steps taken to preserve and retain computerized information and/or other reports or lists. (Paragraph 2, page 3):
  
  
  
  
  
  
  
  
  
  
- III. Indicate the steps taken to inquire of applicants of AFDC, Food Stamps, Medi-Cal, General Assistance. (Paragraph 3, page 3):
  
  
  
  
  
  
  
  
  
  
- IV. Indicate the steps taken to inquire of AFDC recipients via the CA-7 process. Date the stuffer was sent \_\_\_\_\_  
\_\_\_\_\_ . (Paragraph 4, page 3):
  
  
  
  
  
  
  
  
  
  
- V. Indicate the steps to inquire of recipients of Food Stamps, Medi-Cal, and General Assistance as a part of their next review or recertification. (Paragraph 5, page 4):
  
  
  
  
  
  
  
  
  
  
- VI. Indicate the steps taken to post notices in public assistance offices. (Paragraph 6, page 4):  
Date notices were posted \_\_\_\_\_ .

INDICATE THE NUMBER OF POTENTIAL CLAIMANTS IDENTIFIED THROUGH THE FOLLOWING PROCESS:  
(Avoid counting applicants/recipients in more than one category)

1. Inquiry of applicants for public assistance (AFDC, Food Stamps, Medi-Cal, GR). \_\_\_\_\_
  2. The return of completed **Baker v. Prod** stuffers. \_\_\_\_\_
  3. Inquiry of recipients at redetermination of eligibility. \_\_\_\_\_
  4. Other (for example, responses to **Baker v. Prod** notices posted in the county welfare departments, word of mouth, etc.) \_\_\_\_\_
- TOTAL NUMBER OF POTENTIAL CLAIMANTS \_\_\_\_\_

RETURN TO:

AFDC Program Operations Bureau  
State Department of Social Services  
744 P Street, M.S. 16-30  
Sacramento, CA 95814

Your Name (print)	Phone Number
Signature	
County	Date

State of California - Health and Welfare Agency

Department of Social Services

EW \_\_\_\_\_ DATE \_\_\_\_\_

**BAKER v. PROD**

(Optional for county use only. Do not send this form to SDSS.)

CASE NAME \_\_\_\_\_

☐ Applicant

CASE # \_\_\_\_\_

☐ Redetermination

Program(s):

AFDC

FS

Medi-Cal

GA

YES

NO

☐☐

On AFDC during January 1, 1982 - August 31, 1982?

☐☐

Worked at any time during November 1981 through August 1982?

Recipient responded through:

- ☐ 1. Inquiry of applicants for public assistance.
- ☐ 2. The return of a completed **Baker v. Prod** stuffer.
- ☐ 3. The annual redetermination of eligibility.
- ☐ 4. Other (For example, responses to Baker v. Prod notices posted in the County Welfare Departments, word of mouth, etc.)